

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5B: SERVICE SITES	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number

Site Information

Name of Service Site		Service Site Type	
Location Type		Location Setting	
Number of Contract Service Delivery Locations (Voucher Screening Only)		Number of Intermittent Sites (Intermittent Only)	
Web URL			
Site Operated by	<input type="checkbox"/> Applicant <input type="checkbox"/> Contractor <input type="checkbox"/> Sub-Recipient		

If Site is operated by Sub-recipient or Contractor please provide the organization information below:

Organization

Organization Name	
Address (Physical)	
Address (Mailing)	
EIN	
Comments	

Date Site was Opened		Date Site was Added to Scope	
Site Operational By		Medicare Billing Number	
Medicaid Billing Number		Medicaid Pharmacy Billing Number	
Site Phone Number		Site Fax Number	
Site Physical Address			
Site Mailing Address (Including Mailstop Code, Division/Department Name, and Company)			
Administration Phone Number		Service Area Population	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
Service Area Zip codes			
Service Area Census Tracts			
Operational Schedule	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Calendar Schedule	<input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal
Total Hours of Operation when Patients will be Served per Week (include extended hours)		Months of Operation	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.